

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 185
Registered No. 45

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Globe No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child

Loretta Tyffe

{ If child is not yet named, make supplemental report, as directed.

3. Sex of Child

To be answered ONLY
in event of plural
births.

4. Twin, triplet or other

6. Legitimate?

7. Date

Jan. 27, 1929
Month Day Year

8. FATHER

Full name

Merdia Tyffe

9. Residence

(Usual place of abode)

Globe, Arizona

If non-resident, give place and state.

10. Color or race

White

11. Age at last birthday

24 (Years)

14. MOTHER

Full maiden name

Sybil Ella Lindley

15. Residence

(Usual place of abode)

Globe, Arizona

If non-resident, give place and state.

16. Color or race

White

17. Age at last birthday

18 (Years)

12. Birthplace (city or place)

Louisia

(State or country)

Ky.

18. Birthplace (city or place)

Douglas, Arizona

(State or country)

13. Occupation

Nature of industry

Carpenter

19. Occupation

Nature of industry

Housewife

20. Number of children of this mother

Two

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living

Two

(b) Born alive but now dead

None

(c) Stillborn

None

21. Were precautions taken against ophthalmia neonatorum?

Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 10:20 A. m. on the date above stated
(Born alive or stillborn.)

Signature T. C. Hamer

Physician

(Physician or midwife).

Given name added from
a supplemental report

Month, day, year

365-127-238

Registrar

Address

Globe, Arizona

Filed

2/10

19

29

1929

U. S. E. L. H. M. L. S.

Registrar